

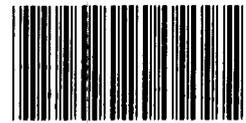
GAO

Report to the Honorable
Frank H. Murkowski,
United States Senate

July 1991

VA HEALTH CARE

Telephone Service Should Be More Accessible to Patients



144529

Human Resources Division

B-244899

July 31, 1991

**The Honorable Frank H. Murkowski
United States Senate**

Dear Senator Murkowski:

In your July 9, 1990, letter, you requested that we identify ways in which Department of Veterans Affairs (VA) medical centers can decrease the amount of time their nurses spend on nonclinical activities. Our work to respond fully to your request is continuing. However, during this review we observed that the medical centers we were visiting did not have telephones in patients' rooms and that nurses spent much of their time assisting VA patients who wanted to make or receive telephone calls. This report discusses the issues involved in providing telephone service to patients in their rooms and the benefits that can be achieved by providing this service. The scope of our work and the methodology used in this aspect of our review are discussed in appendix I.

Results in Brief

With few exceptions, VA medical centers do not provide telephones in patients' rooms. As a result, if patients are immobile, they must rely on nurses to bring telephones to them. If they are ambulatory, they must go to other areas of the hospital to use pay telephones. This inconveniences the patient and increases the time nurses spend performing nonclinical activities. VA can procure telephone equipment and services with appropriated funds but has not done so because of the substantial cost involved. But VA has options available under which it can provide telephone services to its patients and recoup at least a part of the costs for providing such services.

Background

Operating the largest medical care system in the United States, VA provides inpatient acute care through a system of 159 medical centers—most of which do not have telephones in patients' rooms. Patients who do not have telephones in their rooms place outgoing telephone calls by using pay telephones in hallways or on carts wheeled to them by nurses. Incoming calls are generally received by nursing staff, who then take a telephone handset to the patient's bedside. Medical centers are not responsible for any expense associated with the use of these telephones, and all financial transactions are solely between the patient and the telephone company.

Unlike VA medical centers, most private sector hospitals provide and maintain telephones in patients' rooms. However, patients are generally charged a fee for this service, and long-distance calls are either charged to the patient's home phone or made on a "collect" basis. VA's Office of General Counsel believes that appropriated funds can be expended to provide telephones in patients' rooms in medical centers if the Chief Medical Director determines that this is necessary for a complete medical and hospital service. However, the General Counsel's office also believes that if the Chief Medical Director makes this determination, VA cannot—without specific authority—charge patients for their use of telephones VA installs and maintains using appropriated funds.

In 1984, the Chief Medical Director asked the Office of General Counsel for an opinion as to whether donated funds could be accepted and spent to install telephones in patients' rooms at a medical center. On January 2, 1985, the Office of General Counsel stated that VA medical centers can legally install telephones using donated funds. On the basis of this decision, at least six medical centers have accepted donated funds and installed telephones in patients' rooms within their spinal-cord injury units. One center went a step further and used donated funds to install telephones in all patient rooms.

The issue of providing telephone service to patients using donated and appropriated funds was discussed in 1988 by the Chief Medical Director's Policy Advisory Board. The board ultimately tabled the issue with a request that information on the cost of installing bedside telephones be obtained for review at a later meeting. The Chief Medical Director's executive assistant told us that the board was dissolved in 1990 without ever discussing the issue again. Further, as of June 26, 1991, the Chief Medical Director had not determined whether telephone service is necessary for a complete medical and hospital service.

Telephone Service in Hospital Rooms Benefits Patients and Increases the Time Nurses Have Available for Clinical Duties

Having telephone service available to hospital patients in their rooms increases the nursing time available for direct patient care and enhances the quality of hospital life for patients. Specifically, such service eliminates the need for nurses to assist veterans in making and receiving telephone calls. It also allows patients to communicate more conveniently with friends and family without having to ask nurses to locate or help them get to a telephone.

Assisting patients with telephone calls is one of the primary nonclinical tasks that adversely affect nurse productivity. An analysis of nursing

activities at the Boise, Idaho, VA medical center estimated that before bedside telephones were installed, nursing staff in the medical and surgical wards were spending 1,600 hours a year providing telephone-related services for patients. Further, nurses we interviewed at three VA medical centers in San Diego, California; Columbia, Missouri; and Washington, D.C., reported that helping patients with telephone calls is a time-consuming activity that reduces the time available to provide direct nursing care. For example, nurses at the Columbia medical center are required to locate a pay telephone on a cart and wheel it to the room of any bedridden patient who wants to make or receive a call.

Evaluations by Boise medical center personnel and a consulting firm done after the installation of bedside telephones at the center found that the new service was beneficial. Specifically, the availability of bedside telephones substantially reduced the time nurses spent assisting patients to pay telephones in the hallways, answering patient status requests from families and friends, and taking mobile cart telephones to patients. Further, bedside telephones benefitted patients because they could conveniently make and receive calls without assistance from the nursing staff and without having to leave the ward to use public telephones in other parts of the hospital. Finally, bedside telephones eliminated a significant safety hazard—the mobile telephone carts had long cords that had to be strung across ward floors to reach telephone jacks.

Telephone Service Is Expensive, but Cost-Saving Alternatives Are Available

Providing telephone service in patients' rooms in VA hospitals would be expensive. For example, in May 1988 VA estimated that installing and maintaining telephones in patients' rooms at a typical 500-bed VA medical center would cost \$213,000 for the first year and \$150,000 a year thereafter. VA is concerned that many of its medical centers may not be able to absorb the related start-up and recurring costs of such a program without additional appropriated funds. But VA has alternatives available to obtain funding for the provision of telephone services. These alternatives include

- requesting appropriated funds for the installation of telephone equipment in its medical centers and concurrent authority to charge fees to help recoup the cost of maintaining the service and/or
- seeking assistance from private sector organizations in the form of money or equipment to install telephones and, under the provisions of 31 U.S.C. 9701, charging patients fees for telephone services provided.

Some VA medical centers have already obtained financial assistance from outside organizations for the installation, maintenance, and monthly charges of telephone service. Specifically, in July 1990, the Castle Point, New York, medical center obtained centerwide telephone service through the voluntary efforts of the Paralyzed Veterans of America (PVA), the Telephone Pioneers of America, the New York/New England Exchange, and New York Telephone. Funds are solicited from the local community for the related monthly charges. In August 1989, the San Diego medical center obtained telephones for its spinal-cord injury unit through the donations and efforts of PVA, which also pays the monthly charges. The Boise medical center installed telephones hospitalwide in March 1986 using funds provided by the estate of a veteran whose relatives wanted the money to be used to benefit patients at that hospital. No monthly charges are incurred because the Boise area is serviced by a telephone company that provides flat-rate trunk lines that allow unlimited free calls within the local calling area.

Other medical centers that have used donated funds to provide telephone service in their spinal-cord injury units include those in the Bronx, New York; Hines, Illinois; and Miami, Florida. In the Bronx and Miami facilities, long-distance telephone calls are paid for by the patient, and the cost of local calls is absorbed through donated funds. In the Hines facility, the costs of local and long-distance calls are paid by the patient.

Conclusions

VA can increase the time available to its nurses for clinical activities by placing telephones in patients' hospital rooms. This action would also permit patients to receive the same basic amenities that are available in private sector hospitals. VA has options available under which it can provide this service to patients and recoup some of the costs involved as is generally done in private sector hospitals.

Recommendation

We recommend that the Secretary of Veterans Affairs develop and implement a plan to provide telephone service in patients' rooms in VA hospitals.

Agency Comments

As arranged with your office, we did not obtain written agency comments on this report. However, we discussed its contents with VA officials who were authorized to speak for the Department on this issue. VA agrees with the recommendation in this report. Preliminary plans are to

request funding for telephone services from the Congress. If such funding cannot be obtained, a plan will be developed to provide telephone services through (1) donations from service organizations and others and (2) a phased approach under which hospital appropriations will be used, giving priority attention to spinal cord injury units and others with special needs.

In our opinion, VA's approach is reasonable. However, we believe that VA should seek the necessary authority to charge patients fees for the use of telephone services provided in VA hospitals when appropriated funds are used to acquire telephone equipment.

We are sending copies of this report to the Secretary of Veterans Affairs and to interested congressional committees. We will also make copies available to others upon request. If you have any questions about this report, please call me at (202) 275-6207. Other major contributors are listed in appendix II.

Sincerely yours,



David P. Baine
Director, Federal Health
Care Delivery Issues

Scope and Methodology

During this review, we interviewed VA central office officials to determine the extent to which telephones are installed in VA medical centers, the benefits and costs associated with their installation, and the extent to which VA has considered systemwide installation of telephones. We visited three VA medical centers (in San Diego, California; Columbia, Missouri; and Washington, D.C.) to discuss initiatives that are designed to enhance nurses' ability to spend more clinical time with patients. During our review, we obtained nurses' views on the amount of time they spend providing telephone-related services for patients. While none of the centers visited provided telephone service to patients in their rooms, we were told of centers that were providing such service and contacted each to determine the conditions under which the service is being provided. We also obtained information from VA's Office of General Counsel on the legality of using appropriated funds to pay for the installation and maintenance costs associated with the provision of telephone service for patients. Furthermore, we contacted the Paralyzed Veterans of America to obtain this organization's views on whether telephone service should be provided to patients in VA hospitals. We performed our work from March through Mid-July 1991, in accordance with generally accepted government auditing standards.

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